U.S. Repartment of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| 1 File Number U /3290   | 2 Fiscal Year Covered From                           |  |  |  |
|---|--|--|--|--|
|   | 1 / 1 / 2004 Through 12 / 31 / 2004                  |  |  |  |
| 3 Name and address of person filing   | 4 Name file number and address of labor organization |  |  |  |
| Name Pamela M Wheeler   | Name National Basketball Players Association         |  |  |  |
|   | Labor Organization File Number 068-015               |  |  |  |
| PO Box Bldg Room No If any 2430   | P O Box Building and Room Number if any 2430         |  |  |  |
| Street 2 Penn Plaza   | Street 2 Penn Plaza                                  |  |  |  |
| City New York   | City New York  |  |  |  |
| State New York ZIP Code + 4 10121   | State New York ZIP Code + 4 10121                    |  |  |  |
| 5 Position in labor organization  Director of WHEPA Operations  |  |  |  |  |
| Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Heid an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6 Name and address of Employer (including trade name if any)  7 a Nature of Interest Transaction or Income |  |  |  |  |
| Name Trade Name If any  |  |  |  |  |
| PO Box Bldg Room No If any  | 7 b Amount   |  |  |  |
| Street  |  |  |  |  |
| City 171  |  |  |  |  |
| State r ZiP Code + 4 .  |  |  |  |  |
| ☐ Signature   |  |  |  |  |
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)   |  |  |  |  |
| Signed Hamilton Millela   | On 8/9/2005 212-655-0880 Telephone Number            |  |  |  |
| <u> </u>  |  |  |  |  |

| Name of Person Filing Pamela Wheeler  | File Number U   |  |
|---|---|--|
| B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from selling or leasing to or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization. | vise dealing with the business<br>rely seeking to represent or<br>irectly to or otherwise   |  |
| 8 Name and address of Business (including trade name if any)  Name Calibre CPA Group  Trade Name if any  PO Box Bidg Room No if any 1050  Street 1850 K Street  | 9 Business deals with  a Labor Organization  b Trust  c. Employer   |  |
| City Washington  State District of Columbia ZIP Code + 4 20006  | **************************************  |  |
| 10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any  P O Box Bldg Room No if any   | 11 a Nature of such dealing Outside public accounting firm  |  |
| Street  City  State  ZIP Code + 4   | 11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received  Business Lunch re Board of Player Business Lunch re Board of Player | \$50 000<br>r Reps (4/8/04)<br>r Reps (12/10/04) |
| C Received from any employer (other than an employer covered unde   | 12 b Amount   | \$94   |
| or from any labor relations consultant to an employer any payment of money  | or other thing of value   |  |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)   | 14 a Nature of payment  Game tickets to NCAA Women s Fina.  | l Four   |
| Name USA Basketball  Trade Name if any  |   | :  |
| PO Box Bldg Room No If any  Street 5465 Mark Dabling Boulevard  City Colorado Springs  State Colorado ZIP Code + 4 80918 3842   |   |  |
| 13 b is the Business an Employer or Consultant?   | 14 b Amount of payment  | \$150  |

| •   |   |  |  |  |
|---|---|--|--|--|
| Name of Person Filing pamela Wheeler  |   | File Number U                              |  |  |
| Part C Continuation Page  |   |  |  |  |
| C Received from any employer (other than an employer covered under parts A payment of money or other thing of value   | and B above) or from any lab  | or relations consultant to an employer any |  |  |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name Women s Sports Foundation  Trade Name if any  P O Box Bidg Room No if any  Street Eisenhower Park  City East Meadow  State New York————————————————————————————————————   | 14 a Nature of payment  Breakfast meeting  14 b Amount of payment   | \$25                                       |  |  |
| C Received from any employer (other than an employer covered under parts A payment of money or other thing of value  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name Women s Sports Foundation  Trade Name if any  P O Box Bidg Room No if any  Street  | and B above) or from any lab  14 a Nature of payment  Lunch meeting | or relations consultant to an employer any |  |  |
| City ZIP Code + 4 | 14 b Amount of payment  | \$45                                       |  |  |
| C Received from any employer (other than an employer covered under parts A payment of money or other thing of value   | · · ·   | or relations consultant to an employer any |  |  |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name SalomonSmith Barney  Trade Name if any  PO Box Bidg Room No if any  Street 100 South Bedford Road   | 14 a Nature of payment Westchester Fund                             | for Women & Girls fundraiser               |  |  |

14 b Amount of payment

\$100

City Mount Kisco

13 b is the Business an Employer

ZIP Code + 4 10549

?

or Consultant

State New York